

REQUEST FOR WITHDRAWAL  
AND CHANGE OF  
CORRESPONDENCE ADDRESS

Application Number	10675746
Filing Date	09/30/2003
First Named Inventor	Brian Kwangshik Hong
Art Unit	2621
Examiner Name	Wong, Allen
Attorney Docket Number	

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the practitioners of record,

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☐ the practitioners of record associated with Customer Number: \_\_\_\_\_

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |  |   |   |  |  |                                       |                                       |
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| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)      | <input checked="" type="checkbox"/> 10.40(b)(4) | <input type="checkbox"/> 10.40(c)(1)(iv) | <input type="checkbox"/> 10.40(c)(1)(v)  | <input type="checkbox"/> 10.40(c)(2)  | <input type="checkbox"/> 10.40(c)(3)  |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv)        | <input type="checkbox"/> 10.40(c)(1)(v)  | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)  | <input type="checkbox"/> 10.40(c)(3)  |
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Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made *file of record* pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B ☒ Inventor or assignee name  
 Brian Hong

Address 806 S. Rimpau

City Los Angeles State CA Zip 90005 Country USA

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /Kenneth I. Tolar/

Name Kenneth I. Tolar

Registration No. 39860

Address 2908 Hesser Avenue

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Zip 70002 Country USA

Date 06.07.2011 Telephone No. (504)-780-9891

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